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CONFIRMATION NO. 8845

Bib Data Sheet

SERIAL NUMBER 10/068,315	FILING DATE 02/08/2002 RULE	CLASS 427	GROUP ART UNIT 1762	ATTORNEY DOCKET NO. 83,665
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/671,166 09/28/2000 PAT 6,766,764
 which is a DIV of 09/318,134 05/25/1999 PAT 6,177,151
 which claims benefit of 60/117,468 01/27/1999
 This application 10/068,315
 claims benefit of 60/269,384 02/20/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/18/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 2	TOTAL CLAIMS 52 50	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met
☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *EF* 1/26/05

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TITLE
 Generation of viable cell active biomaterial patterns by laser transfer

<p>FILING FEE RECEIVED 1316</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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